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Child rearing and the neuroticization of parenting: the case of The Netherlands

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Introduction

In 1953 one of the first child psychiatrists to be appointed at a university in The Netherlands, Theo Hart de Ruyter, proclaimed the necessity for all child therapists to have 'eaten from the analytic manger' in order to understand children's expressions.¹ In retrospect one can say that this was proof of visionary understanding. Throughout the third quarter of the twentieth century psychoanalysis dominated the emerging academic discipline as well as child psychiatric treatment. The same is true, though to a much lesser extent, of child-rearing literature. Unlike in the Anglo-Saxon world,² this one-sided 'diet' for children and their parents has not yet been analysed from a critical perspective. Dutch historiography of psychoanalysis as theory and therapy has only very recently begun to outgrow the hagiographic phase, in which its benevolence was simply taken for granted.³ The story of the social and cultural drawbacks of the successful movement, as against its widely known and generally appreciated clinical achievements, remains to be told.

In this essay we discuss the influence of dynamic psychology and psychiatry, particularly psychoanalysis and to a lesser extent individual psychology, on child-rearing theory and practice in The Netherlands between *c.* 1925 and the 1970s. That is, from the beginning of a rapidly growing stream of psychoanalytic publications on children and their problems to what is commonly considered the turning point of the movement's conquest of the minds of those who treat and work with children professionally: paediatricians, child psychiatrists, child psychologists, and pedagogues. First, the outlines of a broader process of professionalization of child rearing are given. Gradually, children's mental health became a major concern and medical

1 Th. Hart de Ruyter, *Over de plaats van de kinderpsychiatrie in de geestelijke gezondheidszorg*. Openbare les (Groningen: Rijksuniversiteit, 1953), 12.

2 Edwin Fuller Torrey, *Freudian Fraud: The Malignant Effect of Freud's Theory on American Thought and Culture* (New York: HarperCollins, 1992); D.E. Eyer, *Mother–Infant Bonding. A Scientific Fiction* (New Haven/London: Yale University Press, 1992); Nathan J. Hale Jr, *The Rise and Crisis of Psychoanalysis in the United States. Freud and the Americans, 1917–1985* (New York/Oxford: Oxford University Press, 1995).

3 This turn is marked by the publication of J. de Kroon, *Omzien naar de psyche. Een kritisch-historische benadering van de psychiatrie* (Amsterdam: Boom, 1999).

practitioners, particularly psychiatrists, successfully added to their influence on parenting. In the process the language and interventions of psychoanalysts helped to replace the older ethical-religious discourse on children's sins with a medical discourse on children's neuroses. Next, the rise of the concept of the neurotic child is traced. Parenting was no longer considered the developing ground of supposedly stable moral values and turned instead into *the* source of children's problems. This 'neurotization' of parent-child interaction became in turn the main stimulus behind a continuous process of growing professional influence on child rearing. The following section puts into perspective the theoretical basis of the constructed causal relationship between the educator's behaviour and a child's actual or future trouble. During the 1950s and 1960s, the golden age of popularity for psychoanalysis in The Netherlands, the fear of maternal deprivation turned the mother's continuous devotion to her baby into a generally accepted precondition of mental health, as the final part of the essay shows. To conclude, the authors evaluate the influence of dynamic psychology in terms of the price society has paid.

The century of the child-rearing expert

More than a hundred years ago the 'Century of the Child' was proclaimed. Ellen Key stated that parents should bow their heads in the 'deepest reverence for the majesty of the child' in order to understand that they could rule it no more than that they had 'the power or the right to direct the lanes of the stars'.⁴ The implication of this manifesto has often been explained in such a way that Rousseau's 'invention', the child, was finally given its due place on an equal footing with adults in order to claim the right to develop itself according to her/his own nature.⁵ However, considering developments in the past century one had better call this romantic image the *myth* of the century of the released child. The twentieth century seems first of all to have become the age of the 'colonization' of childhood. Instead of enlarging its freedom, processes of extension of the professional influence of pedagogues, child psychologists and psychiatrists, and paediatricians—labelled 'pedagogization',⁶ 'psychologization'⁷ and 'medicalization'⁸ respectively—have turned the child increasingly into the object of professional study, care, and intervention and, consequently, of 'normalization'.⁹

4 Ellen Key, *De eeuw van het kind. Studiën* (Zutphen: Thieme, [1903]), 162.

5 A. Reble, *Geschichte der Pädagogik* (Stuttgart: Klett, 1967⁹), 269.

6 Marc Depaepe, *De pedagogisering achterna. Aanzet tot een genealogie van de pedagogische mentaliteit in de voorbije 250 jaar* (Leuven/Amersfoort: Acco, 1998); Marc Depaepe et al., *Order in Progress. Everyday Educational Practice in Primary Schools, 1880–1970* (Leuven: Leuven University Press, 2000). Likewise, Jeroen J.H. Dekker has reevaluated the past century as a 'Child Oriented Century', emphasizing the increased power and influence of pedagogical experts and institutions: 'The Century of the Child revisited', *International Journal of Children's Rights*, 8 (2000), 133–50.

7 Jeroen Jansz and Peter van Drunen (eds), *Met zachte hand. Opkomst en verbreiding van het psychologisch perspectief* (Utrecht: Elsevier/De Tijdstroom, 1997); Nikolas Rose, *The Psychological Complex. Psychology, Politics and Society in England, 1869–1939* (London: Routledge & Kegan Paul, 1985).

8 'Medicalization' is used here with reference to the growing influence of psychiatry in particular; cf. Sol Cohen, 'The mental hygiene movement, the development of personality and the school: the medicalization of American education', *History of Education Quarterly*, 23 (1983), 123–47. For medicalization in general, Abram de Swaan, *In Care of the State: Health Care, Education and Welfare in Europe and the USA in the Modern Era* (New York: Oxford University Press, 1988).

9 This concept was developed by Michel Foucault and applied to family interventions by Jacques Donzelot in his *The Policing of Families* (New York: Pantheon, 1979). Apart from his generalizing approach to experts and their interventions and his exclusive focus on the lower classes, this perspective has inspired our research.

During the century a more and more intricately woven and encompassing care system developed. It reaches out not only to children with physical and mental disabilities, but also to those without any utterly discernible defects: a growing number of children with mental problems. This development can be considered the fulfilment of the program started in the nineteenth century with initiatives concerning marginalized categories of children in residential settings.¹⁰ They were the logical complement of a guardianship network for adults. Step by step a structure was created in which mental health care was guaranteed from the cradle to the grave.¹¹ In spite of appearances during the 1970s, this system should not be considered something ever to be completed.

Around 1900 three new academic specializations provided the knowledge on the basis of which standard development of a normal child as well as the deviations from this was constructed. First, an empirically based developmental psychology and particularly the work of Wilhelm Preyer drew the outlines of the stages of physical and mental development of young children. In The Netherlands, popular editions of Preyer's work were widely known among medical practitioners, educationists and parents.¹² In its wake paediatricians' manuals disseminated the available knowledge about abnormalities in children's development, especially retardation in the growth of particular functions caused by infirmities. On the basis of these handbooks family doctors and teachers were alerted to signify all kinds of departures from standard development.¹³ Finally as the counterpart of medical pathology, educational pathology began to classify all known children's mental disorders and their causes, ranging from organic and nervous faults to moral shortcomings, in order to promote correct diagnosis, effective treatment and, most of all, prevention.¹⁴

The latter specialization provided the necessary basis of knowledge for both special education¹⁵ and the earliest attempts at child psychiatric treatment. We have to wait until the late 1920s before this concern for 'problem children' inspired the establishment of all kinds of child guidance bureaux and clinics, as well as

10 J.J.H. Dekker, 'The role of temporary marginalization. Reformatories and insane asylums: the Netherlands in the nineteenth century', *Paedagogica Historica*, 26 (1990), Special Issue, 125–46.

11 J. Keulartz, *Van bestraffing naar behandeling. Een inleiding in de sociologie van de hulpverlening* (Meppel/Amsterdam: Boom, 1996⁴).

12 Wilhelm Preyer, *Die Seele des Kindes. Beobachtungen über die geistige Entwicklung des Menschen in den ersten Lebensjahren* (Leipzig: Grieben, 1895⁴, originally 1882). Wilhelm Preyer, *Die geistige Entwicklung in der ersten Kindheit, nebst Anweisungen für Eltern, dieselbe zu beobachten* (Leipzig: Grieben, 1893); Wilhelm Preyer, *De ontwikkeling van de zintuigen en den geest bij het kind in zijne eerste levensjaren. Een boek voor ontwikkelde ouders* (Utrecht: Beijers, 1908). See for the reception of his work in the Netherlands: Nelleke Bakker, *Kind en karakter. Nederlandse pedagogen over opvoeding in het gezin 1845–1925* (Amsterdam: Het Spinhuis, 1995), 80–4. For Britain: Denise Riley, *War in the Nursery. Theories of the Child and Mother* (London: Virago, 1983), 42–79.

13 Bakker, *Kind en karakter*, 86–7. Most influential was C. de Lange, *De geestelijke en lichamelijke opvoeding van het kind. In vrije navolging van professor Biedert* (Amsterdam: Meulenhoff, 1908). It was reprinted six times (1927⁷).

14 J.J.H. Dekker, 'An educational regime: medical doctors, schoolmasters, jurists and the education of retarded and deprived children in the Netherlands around 1900', *History of Education*, 25 (1996), 255–68. Educational pathology developed in The Netherlands after the example of the German philosopher Ludwig Strümpell, who classified some 425 disorders in his *Die pädagogische Pathologie oder die Lehre von den Fehlern der Kinder. Versuch einer Grundlegung für gebildete Eltern, Studierende der Pädagogik, Lehrer, sowie für Schulbehörden und Kinderärzte* (Leipzig: Ungleich, 1899³, originally 1890). Most influential in The Netherlands was Klootsema's classification of children's disorders: J. Klootsema, *Misdeelde kinderen. Inleiding tot de paedagogische pathologie en therapie* (Groningen: Wolters, 1904).

15 Dorien Graas, *Zorgenkinderen op school. Geschiedenis van het speciaal onderwijs in Nederland, 1900–1950* (Leuven/Apeldoorn: Garant, 1996).

children's departments in psychiatric hospitals, offering counselling and treatment. The first official Child Guidance Clinic, modelled after the American example, was established in 1928 in Amsterdam. In spite of the fact that at the time Freudianism was not at all popular among child-rearing experts, the clinic's work was firmly established on its principles.¹⁶ During the postwar era the clinic's model and approach were widely copied, even by denominational groups like Roman Catholics and orthodox Calvinists who denounced psychoanalysis as theory.¹⁷ The effective monopolization of government subsidies for non-residential child-psychiatric help by the National Federation of Child Guidance Clinics certainly acted as a stimulus.¹⁸ These clinics in turn functioned as laboratories for the development of child psychiatry as an autonomous academic discipline, which started blooming soon after the Second World War.¹⁹

About 1930, with the aid of the oldest Freudian heterodoxy, Alfred Adler's individual psychology, authors of popular child-rearing literature linked up with the psychiatric interest in children's disorders. At the same time child psychiatrists and child psychologists replaced traditional moral experts in the field, such as ministers and teachers. As a consequence of medicalization a healthy mind became more important than a good character. Moreover, every boy or girl was now a potentially troubled child. In the process the ideal of parenting was transformed from control of children's behaviour into prevention of abnormality and cure of mental illness.²⁰ For this new task parents had to be informed not only about the particularities of each of the developmental stages of normal childhood and of the nature of a wide variety of disorders that could befall their child, but also about the correct way of helping the little victim to reclaim health.²¹ Self-evidently, experts presented their advice, counselling and help as a necessary answer to an increased public need for information, support and preventive action on behalf of the suffering child and her/his parents. Their effort was a blessing for society and future generations would certainly profit from an upbringing based on scientific knowledge, they claimed.

In this euphoria of progress the scientific approach seems to have been used to counteract child-unfriendly implications of social change. The intensification of schooling was, for example, one of the consequences of an increased need for qualified workers and citizens loyal to the nation. During the century compulsory education was extended several times to include teenagers up to sixteen years of age. Consequently, elementary education turned into preparatory schooling and an

16 Anneke van der Wurff, 'Aspecten van medicalisering en normalisering bij de opkomst van het medisch-opvoedkundig werk in Nederland in het begin van de twintigste eeuw', *Pedagogisch Tijdschrift*, 15 (1990), 102–10.

17 Nelleke Bakker, 'Child-rearing literature and the reception of Individual psychology in the Netherlands, 1930–1950: The case of a Calvinist pedagogue', *Paedagogica Historica*, Supplementary Series III (1998), 583–602.

18 Tom van der Grinten, *De vorming van de ambulante geestelijke gezondheidszorg. Een historisch beleids-onderzoek* (Baarn: Ambo, 1987), 57–69, 186–209.

19 Leonie de Goei, *In de kinderschoenen. Ontstaan en ontwikkeling van de universitaire kinderpsychiatrie in Nederland, 1936–1978* (Utrecht: NcGV, 1992). According to Michael Stone the history of twentieth-century child psychiatry in the Anglo-Saxon world is still largely a *terra incognita*: *Healing the Mind. A History of Psychiatry from Antiquity to the Present* (New York: Norton, 1997), 382.

20 Compare, for Britain, Nikolas Rose, *Governing the Soul. The Shaping of the Private Self* (London/New York: Routledge, 1990), 121–31.

21 Bakker, 'Child-rearing literature'; Nelleke Bakker, 'Health and the medicalisation of advice to parents in the Netherlands, 1890–1950', in *Cultures of Child Health*, edited by Hilary Marland and Marijke Gijswijt-Hofstra (Amsterdam/Atlanta, GA: Rodopi, 2002), forthcoming.

instrument of selection for secondary education.²² Particularly in the middle classes, parents forced their children to qualify for the higher levels of secondary schooling, even if they lacked the ambition or the talents.

Schooling itself was rather one-sidedly oriented at intellectual performance. Learning meant first of all memorizing subject matter collectively and synchronically in large undifferentiated groups. The child was expected to show attention, diligence and order continuously. Although corporal punishment was forbidden, there is no reason to suppose that spanking did not happen at schools during the first half of the century. Compared to the lack of rights and exploitation of children in the nineteenth century the 1901 Child Protection Laws were of course an improvement. Compulsory schooling, legislated in the same year, however, was not only enlarging opportunities for children, but could also function as a straightjacket, as it suppressed strongly the inclination to explore, to experiment, to fantasy and to play freely. Evidently, the majority of children did conform to the schools' military order and discipline. However, those for whom school was a too painful daily annoyance will have reacted with protest or apathetic and anxious behaviour. In the new century's discourse those children who could not meet the standard of required self-control were stigmatized as 'problem children'; the self-willed ones were labelled 'psychopaths', the low-spirited ones 'neurasthenics' etc. Although contemporary theory pointed at heredity as decisive to determine whether or not a child was liable to any of these diseases, parents' failures could fatally add to only a minor predisposition, the experts did not hesitate to explain.²³

Of course there were professionals who did notice the risks of school drilling and pressure to perform for a child's mental health. And there were others who recognized the effects on the average working-class child of a lack of material means and of time and room to play. Serious concern about the burden of the school regime inspired progressive educators to create an environment that did stimulate play and creativity. For a long time, however, these initiatives were just incidents. Moreover, the child-oriented New Education Movement was criticized extensively. Did not enthusiastic reformers make children victims of their own ambitions?

Medical practitioners and psychiatrists cooperated to individualize²⁴ and medicalize school problems. The new dynamic psychology made neurologists transfer these individualized problems from the somatic into the psychological realm. Through educational journals the new message was spread among schoolteachers. They learned that an unruly child was not cursed with evil or a hostile will, but suffered from a complex or neurosis. What was called 'sin' in the traditional moral-religious discourse was now conceived of as mental illness. Even those experts who stuck to a religious interpretation of child rearing, particularly Roman Catholics and orthodox Calvinists, did not need much time to make the transition and follow

22 P.Th.F.M. Boekholt and E.P. de Booy, *Geschiedenis van de school in Nederland van de middeleeuwen tot aan de huidige tijd* (Assen/Maastricht: Van Gorcum, 1987), 231.

23 Klootsema, *Misdeelde kinderen*; A. von Strümpell, 'Zenuwachtigheid en opvoeding', *Tijdschrift voor Kinderverzorging*, 1 (1903/04), 55–7, 64–7, 74–5; Dekker, 'An educational regime'; Nelleke Bakker, 'A harmless disease: children and neurasthenia in the Netherlands', in *Cultures of Neurasthenia: from Beard to the First World War*, edited by Marijke Gijswijt-Hostra and Roy Porter (Amsterdam/Atlanta, GA: Rodopi, 2001), 309–27.

24 G. Nijhof, *Individualisering en uitstoting. Een perspectief voor een psychiatrische sociologie* (Nijmegen: Link, 1978).

the liberal protagonists of a psychiatric interpretation of 'problem behaviour'.²⁵ Psychodynamic vocabulary was gradually assimilated into the language used by educators to describe their own and their children's behaviour. Quite a few psychoanalytic concepts have been generally adopted, such as the Freudian Oedipus complex and fear of castration, the Adlerian inferiority complex and the compensating assertiveness, the Jungian introversion and extraversion, as well as less specific concepts like the unconscious, projection, identification, repression, feelings of guilt, obsessional and anxiety neurosis etc.

Particularly in the aftermath of the Second World War child psychiatrists and social workers were of the opinion that the number of cases of neurotic disorders was increasing. If the rapidly growing number of child guidance clinics is a reliable indication,²⁶ they were certainly right. Was society sicker than before or were mental problems interpreted more rapidly in terms of neuroses and complexes? From a constructivist perspective the latter is beyond doubt. The discursive production of the 'problem child' as counterpart of the 'normal child' appears as a clear example of what has been labelled social construction brought about by discursive power.²⁷ If that is true, experts themselves have created the increase in the incidence of neurotic childhood disorders.²⁸ However, it is not necessary to subscribe to a postmodern perspective to see that the growing professional interest in children's neuroses has stimulated parents to seek help and advice for their 'problem child'. In our view, social developments should not be ignored as factors behind the increasing incidence of children's disorders. They actually impacted upon the child's life and did inspire deviant behaviour in their own way. In response, psychiatry constructed a diagnostic answer, such as an 'anxiety-neurotic' child. These medical labels tended to function autonomously and to become part of a classification of types of 'difficult children' ready for treatment. One example may illustrate this. In 1946 the category 'fears and nervousness' figured high on the Amsterdam Child Guidance Clinic's list of reasons for application. In the clinic's interpretation of possible causes of this problem one would expect references to frightening war experiences. The war, however, was totally absent in the analysis. The author of the report, a child psychiatrist, even pointed out that the war had not caused these mental disorders but had only made them manifest.²⁹ Anxiety was understood as part of the canon of types of neurotic children: 'the anxious child'.³⁰ In this case, discursive power and wartime bombing seem to have cooperated to produce mental problems among children.³¹

25 R.H.J. ter Meulen, *Ziel en zaligheid. De receptie van de psychologie en van de psychoanalyse onder de katholieken in Nederland 1900–1965* (Baarn: Ambo, 1988); J.A. van Belzen, *Psychopathologie en religie. Ideeën, behandeling en verzorging in de gereformeerde psychiatrie, 1880–1940* (Kampen: Kok, 1989); D.A.M. van Berkel, *Moederschap tussen zielzorg en psychohygiëne. Katholieke deskundigen over voortplanting en opvoeding 1945–1970* (Assen/Maastricht: Van Gorcum, 1990); Bakker, 'Child-rearing literature'.

26 Van der Grinten, *De vorming*, 186–209.

27 Nicolas Rose, *The Psychological Complex: Psychology, Politics and Society in England, 1869–1939* (London/New York: Routledge, 1985).

28 This causal relationship was demonstrated for adult neuroses by Giel Hutschemaekers, *Neurosen in Nederland. Vijftientig jaar psychisch en maatschappelijk onbehagen* (Nijmegen: SUN, 1990).

29 P.H.C. Tibout, *Over het onderzoek en de behandeling van kinderen met afwijkend gedrag. Psychiatrisch-sociale beschouwingen* (Purmerend: Muusses, 1948), 107, 147, 276.

30 Nelleke Bakker, 'The meaning of fear. Emotional standards for children in the Netherlands, 1850–1950: Was there a Western transformation?', *Journal of Social History*, 34 (2000), 369–91.

31 See, for criticism of the constructivist position, Wouter Gomperts, *De opkomst van de sociale fobie. Een sociologische en psychologische studie naar maatschappelijke verandering van psychische verschijnselen* (Amsterdam: Bert Bakker, 1992).

The neurotic child

Dynamic psychology and psychiatry, particularly psychoanalysis, have, we maintain, 'neuroticized' parent-child interaction. This concept has a triple meaning: first, it has turned the parent-child relationship into *the* source of neurotic trouble and second, it has consequently made parenting a highly risky affair. Moreover, third, the diagnosis of children's mental illness has expanded largely to encompass formerly harmless habits like thumb sucking and disregarded behaviour such as children's fears. The effect of each of these developments was, of course, an increased influence of child-rearing experts. Since the observable troublesome behaviour is only a symptom or a symbolic expression of what is really bothering a child, they alone can present an adequate explanation. Even when there is no disorder, the very belief in an unintended and unconscious but inevitable impact of parental behaviour on the child's emotional habits and personality traits has generated uncertainty and a general willingness to submit to expert authority. We do not believe that parents were actually looking for the advice. However, when they were confronted with it, the middle classes especially have shown themselves eager to follow expert instructions. It is not surprising that the lower middle class was well represented among clients of the child guidance clinics, particularly in cases of neurotic disorders such as nervousness, fears, enuresis, and stammering.³² In a society in which the possibilities for upward social mobility were rapidly increasing and family life was at the same time considered not simply the nation's cornerstone but its foundation,³³ it was only sensible to trust professional family guidance.

Remarkably, in The Netherlands one of the first protagonists of the new approach to the child was a representative of the orthodox neo-Calvinists, who took pride in developing a religiously based version of the human and social sciences.³⁴ In his 1931 Free University dissertation on 'the unconscious' in the 'newer' psychology, the young psychologist Antoon Kuypers discussed the implications of dynamic psychology for the knowledge of the child's mental life. The focus of his study was directed at themes like self-willed children, play, dreams, fear and anxiety.³⁵ Despite the publication of a number of dynamic psychological treatises on these subjects in German-speaking countries, except for the first one these topics had not hitherto received any attention. For the Dutch audience the new message was that children's disorders were not what they appeared to be: they were symbolic expressions of inner conflicts and traumas of which neither the parents nor the child were or could be conscious. Apparently normal expressions of children asked for expert clarification in order to detect, prevent and cure neurotic disorders.

32 Tibout, *Over het onderzoek*, 108. In the other categories of reasons for application, such as research on behalf of the juvenile court or child protection, the working class was better represented.

33 Dirk Damsma, 'Van hoeksteen tot fundament. Het gezin in Nederland 1850-1960', in *Vijf eeuwen gezinsleven. Liefde, huwelijk en opvoeding in Nederland*, edited by Harry Peeters *et al.* (Nijmegen: SUN, 1988), 209-47; Hansje Galesloot and Margreet Schrevel (eds), *In fatsoen hersteld: zedelijkheid en wederopbouw na de oorlog* (Amsterdam: SUA, 1987).

34 This is an aspect of the so-called 'pillarization' or the construction of a plural society based on religious tolerance. Particularly during the first half of the twentieth century this implied that social and cultural life in The Netherlands was organized in subcultures. See Arend Lijphart, *The Politics of Accommodation. Pluralism and democracy in the Netherlands* (Berkeley: University of California Press, 1968); Johan Sturm *et al.*, 'Educational pluralism—A historical study of so-called "pillarization" in the Netherlands, including a comparison with some developments in South African education', *Comparative Education*, 34 (1998), 281-97.

35 A. Kuypers, *Het onbewuste in de nieuwere paedagogische psychologie* (Amsterdam: Paris, 1931).

At the same time the boundary between normality and abnormality was obscured. Every child became a potential neurotic and therefore a 'problem child'.³⁶ This development determined experts' almost exclusive orientation towards the prevention and treatment of deviant children's behaviour. Parents themselves, both liberal and orthodox religious ones, quickly learned to conceive of their children's troublesome behaviour in terms of illness instead of unruliness. This is shown for example by the analysis of the letters to the editor of the neo-Calvinist mother's journal *Moeder* (1934–66). One mother even worried whether her children were indeed 'normal', because they did not show any of the trouble discussed in the 'Questions of Mothers' section.³⁷

This shift of focus towards problems in the debate on children is also manifest in the work of the most prominent liberal Calvinist educationist of the interwar era, Philip Kohnstamm. He is known as the representative par excellence of the dominant normative and religious-inspired pedagogy, modelled after the German *geisteswissenschaftliche Pädagogik*, which kept Dutch academic pedagogy outside the international mainstream of the developing empirical educational science for some decades.³⁸ Nevertheless, Kohnstamm's writing reflected the influence of psychoanalytic heterodoxies like Frits Künkel's and Paul Häberlin's. Inspired by their emphasis on the individual's moral responsibility he included a chapter on childhood fears in his major theoretical work, in which he explained his preference for an interpretation that stressed feelings of guilt as the source of toddlers' anxieties. These feelings in turn were an unconscious reaction to parental faults, Kohnstamm claimed. The far-reaching consequences of the educator's imperfection made him advocate the urgency of professional child-rearing advice.³⁹

Infants' fears were also discussed in a study of inner conflicts in a child's life, published in 1934 by another early and unlikely sympathizer with psychoanalysis, the Roman Catholic psychiatrist E.A.D.E. Carp. At the time Roman Catholics used to reject on even more fundamental grounds than Calvinists those psychological theories that did not refer to religion. Carp simply avoided the subject of religion and emphasized the normality of anxious feelings in an infant's life. According to him, this underlined the necessity to disseminate scientific knowledge of the child's emotional habits among the public. His interpretation of anxiety followed the lines of Otto Rank, who had argued that all fears originated in the trauma of birth, which implied that they were unavoidable, no matter how well parents handled the initial signs.⁴⁰ The above-mentioned Kuypers, who particularly valued dynamic psychology's interest in the unconscious, disputed this view. In his 1936 study on the child's mental life, however, he elaborated an interpretation partly based on John B. Watson's behaviourism, claiming that childhood anxiety, such as fear of sudden sounds like thunder, might be natural but was more likely to be the effect of sugges-

36 Most explicitly in Th. van Schelven, *Psychologie van het kind. Een boek voor ouders en andere opvoeders* (Amsterdam: Kosmos, 1934).

37 J. Waterink, 'Vragen van moeders', *Moeder*, 5, (1938), 181. See for the analysis: Bakker, 'Child-rearing literature'.

38 Ernst Mulder, 'Patterns, principles and profession: The early decades of educational science in the Netherlands', *Paedagogica Historica*, Supplementary Series III (1998), 231–46; Marc Depaepe, *Zum Wohl des Kindes? Pädologie, pädagogische Psychologie und experimentelle Pädagogik in Europa und den U.S.A., 1890–1940* (Weinheim/Leuven: Deutscher Studien Verlag/Leuven University Press, 1993).

39 Ph.A. Kohnstamm, *Persoonlijkheid in wording. Schets ener christelijke opvoedkunde* (Haarlem: Tjeenk Willink, 1959³, originally 1929), 311–34.

40 E.A.D.E. Carp, *Conflicten van het kinderleven* ('s-Gravenhage: Haga, 1934), 11–42.

tion or bad parenting. Threatening to lock a child up in a cupboard would definitely make the little one fear darkness. According to Kuypers, the trauma of birth would better be understood as separation anxiety, which could but would not necessarily evolve into a constant fear of being left alone by the mother. Comfort and reassurance could prevent the development of pathological anxiety.⁴¹ Again, as in the older moral-religious discourse, parental behaviour, now extended into the realm of the unconscious, turned out to be crucial.

Under the influence particularly of Melanie Klein's version of dynamic psychology, play and dreams were transformed into diagnostic means to discover the deeper causes and meaning of a child's fears or unruliness as a precondition to solve the problem on the basis of the correct scientific interpretation of the trouble. In the treatment of neurotic children the analysis of play was the diagnostic equivalent of symbolic dream analysis for adults, it was argued in a 1936 dissertation.⁴² Gradually, as theory and therapy developed and the new academic discipline of child psychiatry was established on almost exclusive psychoanalytic ground,⁴³ dynamic-psychological insights became more or less standard in the discourse on child rearing. Unsolved sexual and aggressive conflicts were supposed to be the basis of a child's troubles. These conflicts in turn were the effects of parental faults, particularly during the Oedipal phase. The child's capacity to solve them determined whether or not it would grow up in a normal way.⁴⁴ Psychoanalytic manuals tended to present the development of the personality as a series of complexes and traumas.⁴⁵ And the individual psychologist Fritz Künkel, a former disciple of Alfred Adler who surpassed his master in popularity in The Netherlands during the 1930s and 1940s, presented the early stages of the life-course in terms of crises and often catastrophically ending inner revolutions.⁴⁶ Childhood and youth appeared as a drama.

The new psychology informed the public that every child was a potential 'problem child'. Therefore, one had to look out for neurotic excesses. As prevention was better than cure, experts were keen to instruct parents on the art of raising children and avoiding the dangers threatening a child's mental health. Individual psychology embraced characterology to categorize the risks faced by the different types of children. Künkel, for example, introduced educators into the particularities of the 'introverts' and 'extraverts', the active 'Caesars' and the passive 'homely crickets', to enable them to guide each of their pupils adequately from the natural selfishness of a child to the desired service to the community.⁴⁷ Individual psychology disqualified the neurotic as an anti-social being, denying her/his social duties.⁴⁸ This very orientation at the community may well explain the popularity of this most conformist and

41 A. Kuypers, *De ziel van het kind. De ontwikkeling tot het dertiende levensjaar* (Wageningen: Zomer & Keuning, 1936), 104–17. As to Watson he referred particularly to John B. Watson, *Psychological Care of Infant and Child* (New York: Norton, 1928).

42 J.A. Veth, *Spelanalyse als methode van psychologisch onderzoek en van behandeling van kinderen met neurotische verschijnselen* (Leiden: IJdo, 1936). The author referred to the German version of Melanie Klein's: *The Psycho-Analysis of Children* (London: Hogarth Press, 1932).

43 De Goei, *In de kinderschoenen*.

44 Th. Hart de Ruyter, *Inleiding tot de kinderpsychologie. Ontwikkelingsbeeld van het normale en van het afwijkende kind* (Groningen/Djakarta: Noordhoff, 1955²); E.C.M. Frijling-Schreuder, *Preventie van neurotische gezinsrelaties* (Assen: Van Gorcum, 1955).

45 H. Deman, *Het kind en de adolescent in de psychoanalyse* (Antwerpen/Santpoort: De Sikkel/Mees, 1934).

46 F. Künkel, *Karakter, groei en opvoeding*, trans. J.W.A. Bruggeman (Amsterdam: Paris, 1934²).

47 F. Künkel, *Karakterkunde van de jeugd*, trans. M. Franken (Amsterdam: Paris, 1933).

48 R. Dreikurs, *Alfred Adler's Individualpsychologie*, trans. P.H. Ronge (Rotterdam: Bredée, 1934).

most optimistic of neo-Freudian heterodoxies, as it implied continuity with the former moral-religious discourse on child rearing at least as far as educational goals were concerned.⁴⁹ Orthodox Freudianism had to wait until after the Second World War before child psychiatrists managed to successfully minimize public dislike of a theory that regarded sexuality an essential human drive.⁵⁰ Nevertheless, in The Netherlands parents continued to 'künkel' until well into the 1960s. A popular parents' manual, written by Künkel together with his wife Ruth, first published in Dutch in 1930, was reprinted as late as 1972. Parents learned from it how to avoid at least the worst of all faults and to help their 'difficult' child find 'the road to the community' once again.⁵¹

Immediately after the Second World War the first generation of academic child psychiatrists, their clinics and particularly the child guidance clinics where most of them had worked for some time,⁵² were the vanguards of the forces responsible for the establishment of what amounted to a monopoly of orthodox Freudianism over child psychiatric treatment. Victory was so convincing that the neo-Calvinist Free University professor of pedagogy and psychology Jan Waterink, who used to criticize psychoanalytic theory,⁵³ proved willing to write an introduction to the Dutch translation of Anna Freud's introduction to psychoanalysis for educationists in 1956. He welcomed her work as a counterweight against 'all kinds of excessive writings from the same school'.⁵⁴ In other words, as the flood was sure to come, one had better pick out the good ideas. During the 1950s and 1960s, teacher training for both elementary and nursery schools, as well as institutions for the training of social workers and university courses in psychology, pedagogy and child psychiatry, all used textbooks based on psychoanalytic concepts and ideas. That is why at the time professionals learned that the development of the child was a succession of oral, anal, oedipal and latent phases. As students they were trained to recognize unsolved oedipal conflicts dating from toddlerhood as sources of neuroses in later stages of life.⁵⁵ One author of a popular child psychiatric textbook impressed on the students his opinion that they owed Sigmund Freud a lot because of the knowledge of the meaning of the oedipal phase, and they had better show their gratitude by applying it correctly.⁵⁶

During the postwar years child-psychiatric treatment was modelled generally after the child guidance clinic's approach. This implied teamwork under the direction of a child psychiatrist. At the time high expectations existed of this work, as well as of mental hygiene in general, among both liberals and denominational groups. These clinics were allotted a role in a *cordon sanitaire* against the dangers that were feared most in the aftermath of war: cultural breakdown and social disintegration, epitomized in the abhorrence of 'youth gone astray'.⁵⁷ This climate of alarm was the

49 Bakker, 'Child-rearing literature'.

50 H. Stroeken, *Freud in Nederland. Een eeuw psychoanalyse* (Amsterdam: Boom, 1997).

51 F. Künkel, and R. Künkel, *Opvoeding tot persoonlijkheid. Inleiding tot de Individualpsychologie*, trans. P.H. Ronge (Amsterdam: Wereldbibliotheek, 1972²⁶, originally 1930).

52 De Goei, *In de kinderschoenen*.

53 Bakker, 'Child-rearing literature'.

54 J. Waterink, 'Ter inleiding', in: Anna Freud, *Inleiding tot de psycho-analyse voor pedagogen* ('s-Gravenhage: Van Stockum, 1956²).

55 Hart de Ruyter, *Inleiding tot de kinderpsychologie*.

56 R. Vedder, *Afwijkende kinderen in de school* (Groningen: Wolters, 1963⁴).

57 Hansje Galesloot and Margreet Schrevel (eds), *In fatsoen hersteld: zedelijkheid en wederopbouw na de oorlog* (Amsterdam: SUA, 1987).

background to the rapid growth in the number of clinics and the government's willingness to pay for this time-consuming and therefore expensive kind of therapy for the child and her/his parents. The analysis of the records⁵⁸ as well as contemporary reports testify to the clinics' staff's practice of reformulating ordinary behaviour problems—such as unruliness, nervousness, fears and even learning disabilities—in terms of neuroses. From a 1950 dissertation based on the study of the Rotterdam Child Guidance Clinic's files we learn, for instance, that 'deviant identification will produce a deviant attitude towards society, as the conscience and self-criticism do not function normally'. The effect was a 'defective personality structure' with 'unrestrained drives caused by a reduced limiting influence of the "Ego ideal"'.⁵⁹ A comparable analysis is to be found by one of the founders of the academic study of remedial teaching of deprived children, Frank Grewel. Though a member of the 'social analytic working group' and therefore someone with an open mind towards wider environmental influences, this psychiatrist nevertheless pointed primarily at parental failures ('neurotic family upbringing') as prime cause of an 'anti-social Ego-ideal'.⁶⁰ Henceforth, postwar social disruption was only one inch away from being reduced to inner family problems.

However, as in the Anglo-Saxon world, the most important disseminator of Freud's theory was Doctor Benjamin Spock, whose *Baby and Child Care* was translated into Dutch without any serious alterations in 1950 and has been reprinted 45 times since.⁶¹ The American physician was unique in his capacity to present psycho-analytical insights on child rearing penetratingly without deterring the public through the use of jargon. For instance, in his entry on toddlers touching their genitals he gives a most reassuring 'Oedipus for starters' explanation: 'They love intensely those who are close to them, and even become romantic. The boy of 3½ will declare that he is going to marry his mother when he grows up ... The little girl is apt to feel the same way about her father.'⁶² At that age there is an early stirring of sexual feeling, which is an essential part of 'normal development', the doctor explains. If parents discover their young child 'in some sort of sex play' alone or with others, they are advised to check their impulse to act shocked or angry. Even in cases of 'excessive handling or masturbation' parents are warned that one of the commonest causes is 'the fear that something will happen or has happened' to their genitals. If a child is not preoccupied with sex and is generally outgoing, there is nothing to worry about. However, children over six who still handle their genitals a great deal 'are masturbating because they are nervous'. In those cases parents should find out what is causing the tension, instead of attacking the symptom directly. For such children and their parents Spock self-evidently recommended the help of a psychiatrist or a child-guidance clinic.⁶³

58 Anneke van der Wurff, "'Niet zoo maar een mening, doch een welbewust gegeven psychiatrisch advies", Aspecten uit de MOB-geschiedenis 1928–ca. 1975', in *Ambulant in zicht. Geschiedenis van de ambulante geestelijke gezondheidszorg in Nederland*, edited by Joost Vijsselaar (Utrecht: NeGV, 1987), 83–101; Anneke van der Wurff, 'Ongehoorzaamheid of castratieangst. Interpretaties bij hulpvraag en hulpverlening met betrekking tot opvoedingsproblemen, 1928–1970', *Pedagogisch Tijdschrift* (1989), Speciale Editie, 89–95.

59 J. Masthoff-Vermaas, *Het zeer moeilijke kind en zijn behandeling door de vereniging 'Zoekt het verlorene' te Rotterdam* (Amsterdam: Van Munster, 1950), 34.

60 F. Grewel, *Paedagogische verwaarlozing en opvoedingsfouten* (Purmerend: Muusses, 1947), 31.

61 Nelleke Bakker and Janneke Wubs, 'A mysterious success: Doctor Spock and the Netherlands in the 1950s', *Paedagogica Historica*, 38 (2002), forthcoming.

62 Benjamin Spock, *The Pocket Book of Baby and Child Care* (New York: Cardinal, 1955²⁶), 287.

63 Ibid., 288–9.

A speculative basis

For the definition of mental health of both adults and children and the ensuing development of a system of care, psychoanalysis and related concepts of genesis and prophylactics have been incredibly important. Parents, caretakers and teachers were trained to conceive of their own behaviour and children's disorders in terms of a causal relationship. Psychoanalysts themselves considered these ideas as scientifically underpinned. Those who criticized this claim were usually accused of psychological 'resistance' conditioned by unconscious factors.⁶⁴ In a sense, doctrinal commitment was required in order not to inspire such accusations. This is illustrated for example by the fact that followers of the 'big three'—Freud, Adler, and Jung—used to dream according to the theories of their respective sources of inspiration. If a psychotherapist wanted to treat a patient's discomfort, he had to conceive of the sores as a neurosis, which could be traced back to one or another unconscious early-childhood sexual or aggressive conflict.⁶⁵

Nowadays, consensus reigns widely as to the pseudo-scientific character of this kind of explanation of mental disorders. Psychoanalysts' concept of the relationship between parent-child interaction and a child's emotional life seems primarily the result of retrospective construction on the basis of speculative and suggestive dream analyses of a select group of adult patients.⁶⁶ The uncritical use of analytical language by honoured authorities like Doctor Spock seems to be the main reason why such arbitrary concepts have reached the status of 'facts'. It is interesting to note that Spock himself attempted to find empirical 'proof' of the theory's correctness. In 1959, as a member of the department of psychiatry and paediatrics of the Case Western Reserve University of Cleveland, he recruited 21 families that were expecting their first child. Spock's hypothesis was that psychoanalytical counselling of the mothers would prevent difficulties. However, as it turned out, the children in the study had just as many problems as any other children. Reflecting on the thirteen-year period during which these families were observed, Spock even noted that it was virtually impossible to predict the problems children would experience later in childhood on the basis of early experiences with their parents. The study, therefore, had completely negative results and provided no support whatsoever for psychoanalytical theory. Not surprisingly, few of the data were ever published.⁶⁷

As to Spock's Dutch counterparts, they never even tried to find anything like a sound empirical basis for their assumptions. Carp, for example, simply postulated: 'There is no doubt that pavor nocturnus is an infantile expression of anxiety neurosis.' He knew for sure that it was caused by the child having witnessed his parents' sexual intercourse. 'Undoubtedly' this experience had stimulated the child's fantasy and 'severe feelings of guilt and anxiety'.⁶⁸ Apparently, this exposé was largely based on the neo-Freudian Wilhelm Stekel's study on nervous anxiety, which had appeared in a Dutch translation a few years earlier. Stekel's study clearly suggests the construction of the aetiology on the basis of therapeutic talks with adult

64 R. Allers, *The Successful Error. A Critical Study of Freudian Psychoanalysis* (London: Sheed & Ward, 1941); C.T. Eschenröder, *Hier irrte Freud. Zur Kritik der psychoanalytischen Theorie und Praxis* (München/Weinheim: Urban & Schwarzenberg/Psychologie Verlags Union, 1986).

65 R. Webster, *Why Freud Was Wrong. Sin, Science and Psychoanalysis* (London: HarperCollins, 1996).

66 D.E. Zimmer, *Tiefenschwindel. Die endlose und die beendbare Psychoanalyse* (Reinbek bei Hamburg: Rowohlt Taschenbuch Verlag, 1990); Eschenröder, *Hier irrte Freud*.

67 Fuller Torrey, *Freudian Fraud*, pp. 134–5.

68 Carp, *Conflicten*, 24.

patients. The interpretation of childhood anxiety was construction afterwards. As matter of fact, Stekel himself allowed for his patients having been victims of incest, a traumatic experience that is missing in Carp's reading. Anyway, 'angstparaphathy' was definitely caused by parental faults.⁶⁹

Clinical experiences have also inspired more or less radical propositions for social and cultural upheaval. This is true for example of Stekel's pleas for a further deconstruction of hypocritical sexual morals and for more freedom to get a divorce. Nevertheless, the self-image of psychoanalysis as a liberal doctrine in sexual matters is not undisputed. Freud himself, for example, never changed his view that excessive masturbation caused neurasthenia and many of his disciples believed so as well, despite Stekel's serious objections.⁷⁰ Spock's frankness in turning this line of argument upside down cannot compensate for this. Time and again psychoanalysts treating children and youth have discussed masturbation. It is particularly relevant in the 1955 study of 'neurotic family relationships' authored by the Amsterdam Child Guidance Clinic's child psychiatrist, E.C.M. Frijling-Schreuder.⁷¹ One could argue that analysts wanted this theme to be rid of the taboo. Accordingly, sexual enlightenment might be interpreted as an attempt at a more sensible way of handling the subject.⁷² However, there seems to be just as much reason to argue to the contrary: too much attention was drawn to an activity ('solitary pleasure') that basically did not require any. In that case, the discourse on masturbation has produced a kind of knowledge that engenders problems, discipline, prudery and neurosis.

The latter interpretation forces itself on the historian who considers the discussion of thumb sucking in popular advice literature. For a long time this habit was considered 'natural' for sucklings and toddlers. One simply did not take notice of it. Psychoanalysis, however, transformed the satisfied suckling into an infant with a risky compulsive habit as a symptom of oral fixation. Thumb sucking was a kind of self-gratification, which implied serious danger for the future, we learn from the first Dutch child-rearing book that treated the subject. The author, the young child psychologist Martinus Langeveld, had come to know dynamic psychology through Susan Isaacs's work. Although he did not subscribe to the Freudian interpretation of thumb sucking as 'a kind of masturbation' literally, he nonetheless felt the need to warn educators: 'Preferably we take the hand from the mouth . . . like we take it away if it touches the genitals . . . as the habit might become a source of lust.'⁷³ In later editions of the same popular guide he added a warning against threats of cutting off

69 W. Stekel, *Nerveuze angsttoestanden en hun behandeling*, trans. H.A.E. van Dishoeck and R. le Coultré (Leiden: Leidsche Uitgeversmij., 1925), 167–89; L.F. Groenendijk and J.C. Sturm, 'Curing society for better education. Psychoanalyst Wilhelm Stekel (1868–1940) on parental influences in the causation and prevention of compulsion neuroses', *Paedagogica Historica*, 36 (2000), 653–73; L.F. Groenendijk, 'Psychoanalytisch oriënteerte Sexuaalopklärung vor dem Zweiten Weltkrieg', in *Jugendhilfe und Psychoanalytische Pädagogik*, edited by B. Müller, H. Krebs and U. Finger-Teschner (Giessen: Psychosozial-Verlag, 1998), 147–58.

70 F. Mortier, W. Colen and F. Simon, 'Inner scientific reconstructions in the discourse on masturbation (1760–1950)', *Paedagogica Historica*, 30 (1994), 817–47; L.F. Groenendijk, 'Masturbation and neurasthenia: Freud and Stekel in debate on the harmful effects of autoerotism', *Journal of Psychology & Human Sexuality*, 9 (1997), 71–94.

71 E.C.M. Frijling-Schreuder, *Preventie van neurotische gezinsrelaties* (Assen: Van Gorcum, 1955).

72 L.F. Groenendijk, 'Die kulturkritische Familienpädagogik des Psychoanalytikers Wilhelm Stekels', *Paedagogica Historica*, Supplementary Series II (1996), 145–62; Groenendijk, 'Psychoanalytisch oriënteerte Sexuaalopklärung'.

73 M.J. Langeveld, *De opvoeding van zuigeling en kleuter. Een boek voor ouders en opvoeders* (Amsterdam: Meulenhoff, 1938), 23–5. The author referred to Paul Häberlin's *Die Kinderfehler* (Basel, 1931). For

the thumb, toothache or rotten teeth. Parents had rather be patient, because 'the more emotion the more resistance' from the child.⁷⁴ This new emphasis may have been inspired by the criticism of the psychoanalyst Ada Citroen, according to whom threatening and punishing were a much more serious danger than infantile lustful sucking itself. The child had a right to satisfy her/his 'oral lust', she claimed. Taking it away brutally might in the future become the cause of dipsomania or smoking addiction as expressions of regression. Psychoanalysts preferred to offer an orally fixated infant oral compensation to sublimate her/his original suckling lust: a sweet or a pipe to blow bubbles. In the meantime, she insisted, parents ought to realize that the child's habit was a 'signal of dissatisfaction'.⁷⁵

Because of the high risks of parent-child interaction, dynamic psychologists like Adler, Künkel and Stekel, all of them trained as medical practitioners, have argued frequently for the physician to become the principal 'educator of the parents'.⁷⁶ Many other psychoanalysts felt the need not only to advise actual parents but also to enlighten parents-to-be about the dangers of 'parental neuroses'. Undergoing analytic therapy and particularly the experience of learning to know and control one's inner conflicts was, according to Anna Freud's introduction for educators, the only effective way to prepare oneself for teaching and parenting.⁷⁷ Unhappy marriages were a source of children's neuroses, many analysts claimed.⁷⁸ To prevent a 'neurotic choice of partner' a Dutch psychiatrist even published a manual with guidelines on how to prevent such a mismatch, based on the premise that an 'optimal good mother-child relationship' provided the clue to a healthy marriage.⁷⁹ This is just another far-reaching conclusion, based on speculation instead of sound research into the origins of mental ill health. The focus on the mother-child relationship was no coincidence.

Dubious maternal affection

In The Netherlands, as in the Western world in general, love has been a central element in child rearing and in advice to parents for centuries. The correct way of showing it, however, was spiritual: devotion to your duties as mother or father and teaching your child the desired virtues and habits, if necessary by means of discipline. Physical expressions of parental affection were strongly advised against and indeed denounced as 'monkey love'. Children's needs were defined correspondingly as purely spiritual. Individual psychology first introduced parental love as the source of healthy personality traits such as self-confidence. Still, this love was not conceived of in physical terms; it was the rational self-control of parents who knew how to prevent discouragement, spoiling and emotional neglect.⁸⁰ After the Second World War psychoanalysis finally brought a more expressive and reciprocal meaning of

further reading he advised Susan Isaacs, *The Nursery Years* (London, no date), *Intellectual Growth in Young Children* (London, 1933); *Social Development in Young Children* (New York, 1934).

74 Langeveld, *De opvoeding* (1949², revised edition), 21.

75 Ada Citroen, *Kinderpsyche en opvoeding volgens psycho-analytische opvattingen* (Amsterdam: Kosmos [1940]), 15-25.

76 For example: W. Stekel, *De opvoeding der ouders*, trans. J.H. Schouten (Zutphen: Thieme, 1936).

77 Freud, *Inleiding*, 97.

78 For example: Stekel, *De opvoeding der ouders*; W. Stekel, *Het huwelijk van thans*, trans. J. van Veen (Amsterdam: Van Kempen, no date); Groenendijk, 'Die kulturkritische Familienpädagogik'.

79 H. Musaph, *Seksualiteit en partnerkeuze. Psychologische fundering* (Haarlem: Bohn, 1970), 189.

80 Bakker, 'Health and the medicalization'.

love that not only allowed for cuddling but actually valued physical closeness and affection between parents and children.

This late conceptual turn explains why the 1929 Dutch publication of Stekel's *Brieven aan een Mutter* (Letters to a Mother) was hardly noticed by experts.⁸¹ The kind of maternal love he insisted upon was not conceived of in purely spiritual terms. Love, Stekel claimed, was the adequate answer to an infant's fundamental need to feel safe. When the baby's basic trust in her/his parents is frustrated, the child will react with hate; as she/he is unable to show this hatred neurosis develops as a compromise, we learn from his *Letters*. The English psychotherapist Ian Suttie radicalized this line of thinking by pointing at the frustration of a baby's instinctual need of love as the source of neurotic and psychotic disorders. His ideas have put a major stamp on the development of child-psychiatric treatment in the London Tavistock Clinic, which in turn has strongly influenced the British child guidance clinics' approach.⁸² The crucial meaning of love objects, especially the mother, for the development of the 'self', entered the Dutch discourse on childcare soon after the Second World War. One of its effects was a shift of focus from the oedipal to the pre-oedipal phase as decisive for the development of an individual.

For decades, psychoanalysts, psychotherapists and pedagogues working along the lines of psychoanalysis have defended the irreplaceable meaning of the biological mother and her physical closeness and love in a baby's life. Following the analytical studies of Anna Freud, René Spitz, and particularly Margaret Ribble and John Bowlby, Dutch child-rearing experts stopped warning against cuddling and began to emphasize the harmful effects of a mother's absence, the so-called maternal deprivation, on a child's mental health. Half a century after Key's trumpet blow for children's rights, Ribble proclaimed *The Rights of Infants*,⁸³ which implied the right to a mother who was constantly available as love object. Clinical cases of absent, cool or clumsy mothers provided the empirical basis of this generalization. For a child's health a warm, intimate and continuous relation with her/his mother turned out to be as essential as vitamins. Bowlby's findings concerning a causal relationship between the deprivation of maternal care and the development of mental ill health and social incapacity in case of hospitalized war orphans fitted smoothly in this approach. Whereas Doctor Spock advised a mother to go out without her baby whenever she needed a break, perhaps even for a couple of days, the founder of attachment theory claimed: 'mothering cannot be considered in terms of hours per day, but only in terms of the enjoyment of each other's company which mother and child obtain. Such enjoyment and close identification of feeling is possible only if the relation is continuous.'⁸⁴ According to the psychiatrist

81 W. Stekel, *Brieven aan een moeder*, trans. J.H. Schouten (Zutphen: Thieme, 1929). An exception is Ph. A. Kohnstamm's positive review: *Paedagogische Studiën*, 10 (1928/29), 273.

82 I.D. Suttie, *The Origins of Love and Hate* (Harmondsworth: Penguin, 1960, originally 1935); Eyer, *Mother-Infant Bonding*, 55–6.

83 The English version first appeared in 1943 in the USA. The Dutch translation by J.C. Soewarno-van der Kaaden appeared in 1948: Margaret A. Ribble, *De rechten van de zuigeling* (Leiden: Stafleu, 1948).

84 John Bowlby, *Child Care and the Growth of Love* (London: Penguin, 1953), 75, based on the 1951 WHO report *Maternal Care and Mental Health*. The Dutch translation by H.H. Kist-Methorst was based on the Penguin edition: *Moederlijke zorg* (Purmerend: Muusses, 1955). Bowlby himself gradually turned away from psychoanalysis and towards behaviourist assumptions: A. Kriekemans, *Van de ik-psychologie van de school van New York tot en met de speltherapie* (Tiel/Utrecht: Lannoo, 1970), 254–73. Much of the criticism of his work related primarily to his early work. See H.R. Schaffer, *Making Decisions about Children. Psychological Questions and Answers* (Oxford: Basil Blackwell, 1990), 87.

Hart de Ruyter, an early supporter of Bowlby's theory, this continuity provided a guarantee against the development of 'a basic sickness' in the personality structure and consequently of 'social misfits' like for example children with an autistic personality disorder.⁸⁵ In attachment theory fathers were reduced to footnotes. This apparently fitted a society with an extremely low participation of married women in the labour market.⁸⁶

Next to being acclaimed widely, Bowlby's theory also met serious criticism. In *Dubious Maternal Affection* the psychiatrist J.H. van den Berg commented on the empirical basis of his argument. He maintained that the causal relationship between maternal deprivation during infancy and neurotic disorders in later stages of life was not a fact but a posterior construction based on suggestion. He warned against a romantic idealization of maternal love as something one could recommend as 'correct' behaviour. True love manifested itself in ordinary, daily contact, he maintained.⁸⁷ The child psychologist Jan de Wit subscribed to this argument in his critical reading of theories like Bowlby's. He was of the opinion that these scholars overestimated the mother's influence and underestimated the child's own potential for self-realization. Likewise, he pointed at backward construction instead of sound reasoning as the basis of what was supposed to be the essential causality of this theoretical framework.⁸⁸

Nevertheless, Bowlby's message continued to be spread. One of his most explicit defenders was the child analyst and leading woman behind the Dutch child guidance clinics E.C.M. Frijling-Schreuder. As late as the early 1980s, when Dutch married women finally entered the labour market on a more regular basis, she still defended the necessity of permanent availability of mothers for children under three. Day care centres were terribly dangerous institutions from a psychiatric point of view, she maintained.⁸⁹ A comparably stubborn and generalizing protest is to be found in the publications of the pioneer analytic play-therapist J.A. Stades-Veth. In her *Betrayed by Mommie* she attributed children's neuroses to a disturbed symbiosis between mother and infant and revitalized the suggestion that autism was stemming from the same source.⁹⁰ Ironically, in analytical terms this dogmatic reaction of aged women to young women's liberation might be considered the mothers' betrayal of the daughters. Although an adapted version of attachment theory is still one of the foundations of most family intervention and early childhood development programmes, since the 1970s in child psychiatry the decline of psychoanalysis is clearly manifest. Evidently, this relates to the cutting down of government subsidies for analytic psychotherapy, a lengthy and therefore most expensive kind of treatment

85 Th. Hart de Ruyter, *Moeders en kinderen* (Nijkerk: Callenbach, 1959), 20–2; F. Grewel, *Paedagogische verwaarlozing en opvoedingsfouten* (Purmerend: Muusses, 1947).

86 In 1953 only 2.2% of Dutch married women were working, as against 5.0% in Britain and 13.4% in France: Els Blok, *Loonarbeid van vrouwen in Nederland 1945–1955* (Nijmegen: SUN, 1978), 104.

87 J.H. van den Berg, *Dubieuze liefde in de omgang met het kind. Over de late gevolgen van te veel of te weinig moederlijke toewijding tijdens de jeugd* (Nijkerk: Callenbach, 1958), translated as *Dubious Maternal Affection* (Pittsburgh, PA: Duquesne University Press, 1972).

88 J. de Wit, *Problemen rond de moeder-kind relatie* (Arnhem/Zeist: Van Loghum Slaterus/De Haan, 1961).

89 E.C.M. Frijling-Schreuder, *Kind en volwassene. Ervaringen uit de psycho-analytische en kinderpsychiatrische praktijk* (Assen: Van Gorcum, 1984).

90 J.A. Stades-Veth, 'Verraden door mammie'. *Verstoorde symbiose* (Den Haag: Stades-Veth, 1981); J.A. Stades-Veth, *Autisme. Verstoorde symbiose na verstoord en daarna door de baby verbroken ogencontact met de moeder: preventie en nieuwe therapie* (Lisse: Swets & Zeitlinger, 1984).

of predominantly minor psychiatric disorders. And, of course, with the advent of popular drugs like Ritalin medicalization seems to have entered a new phase.⁹¹

Conclusion

Psychoanalysts themselves have evaluated their impact on society and culture mostly in terms of enlarging the individual's freedom and of promoting respect for the individual's real needs. They consider themselves agents of welfare and happiness. Some, however, are sceptical. They believe that psychoanalysis has had only a limited influence, particularly on child rearing. Parents, they claim, have become only a little more tolerant. In their eyes, a more liberal approach to toilet training seems the most concrete result.⁹² Unless one believes that rigorous toilet training is *the* decisive determinant of neurotic personality disorders, this claim is too modest.

According to our analysis, however, the last century has been first of all the century of child-rearing experts, who did not so much enlarge children's freedom but rather submitted them to a process of normalization of childhood, to which psychoanalysis has amply contributed. This is not to deny the fact that it has liberated children from a moral-religious regime of upbringing that emphasized authority and prescribed parental restraint in physical expressions of love. However, medicalization and psychologization have made parent-child interaction a most hazardous affair. Formerly confident parents, agents in a process of handing over of accepted values and behaviour, turned into persons whose unconscious conflicts were deemed to generate neuroses in their children's actual or future lives. Instead of a source of continuity, social stability and respect, parenting became the prime source of personality disorders and consequently a highly risky affair. As parents were the first persons to blame in cases of more or less serious mental illness of a child—a definition that came to include formerly harmless habits like thumb sucking and disregarded behaviour like fears—they were saddled with feelings of guilt and insufficiency. As a consequence of this process of neuroticization of child rearing, experts have successfully extended their influence on parenting. The more aware parents were of the possible risks of their behaviour and the more these risks were situated in the unconscious, the more willing they were to submit to professional expertise. Moreover, the growing professional interest in children's neuroses itself has certainly stimulated parents to seek expert help and advice, for example in a child guidance clinic. Therefore, experts themselves seem to have added to the normalizing impact of social developments like compulsory schooling in terms of increasing numbers of young neurotics. In addition, child psychiatrists' and child psychologists' monopoly of elucidating what is really the matter in any particular case of a 'problem child' has further enlarged their reputation as successful engineers in the increasingly important project of mental health.

This tentative conclusion is part of a critical view of the growing influence of the system of mental health care. With a little exaggeration, one could say that with government subsidies and insurance money, dynamic psychology has successfully undermined society's self-supporting and self-healing capacity. With the aid of the mass media ordinary parents have become increasingly dependent on expert advice

91 Edward Shorter, *A History of Psychiatry. From the Era of the Asylum to the Age of Prozac* (New York: Wiley, 1997), 288–327; De Kroon, *Omzien*, 242–76.

92 This pessimism is represented for example by Anna Freud, *Normality and Pathology in Childhood. Assessments of Development* (Harmondsworth: Penguin, 1973, originally 1966) 13–17. See also A. Millot, *Freud, Anti-Pädagoge* (Berlin/Wien: Medusa, 1982).

and intervention. The public has learned to translate mental discomfort into complaints that can be recognized and treated by mental-health experts. As the belief grew that the quality of maternal care during early childhood determines the adult's capacity to fit into society, experts' advice, support and help became indispensable means to prevent social breakdown. Therefore, on the one hand the growth of mental health care in education appears as a praiseworthy, collective effort to optimize the quality of parent-child interaction and even to humanize society. On the other hand one should not ignore the price society has paid: the general experience of parental failure and the moral duty of educators and children to adapt to the care system's definition of normality.